

APPLICATION FOR EMPLOYMENT

Rowan County

INSTRUCTIONS TO APPLICANTS

TO BE CONSIDERED FOR COUNTY EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM.

THE COUNTY EMPLOYS ONLY US CITIZENS OR ALIENS WHO CAN PROVIDE PROOF OF IDENTITY AND WORK AUTHORIZATION WITHIN 3 WORKING DAYS OF EMPLOYMENT. MALES SUBJECT TO MILITARY SELECTIVE SERVICE REGISTRATION MUST CERTIFY COMPLIANCE TO BE ELIGIBLE FOR COUNTY EMPLOYMENT (G.S. 143B-421.1). SEE AVAILABILITY BLOCK.

WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU

- COMPLETE THE SECTION FOR EQUAL OPPORTUNITY INFORMATION.
- GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY ("SEE RESUME" IS NOT ACCEPTABLE).
- LIST SEPARATELY EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.
- AS YOU DESCRIBE YOUR WORK HISTORY, MAKE SURE YOU HIGHLIGHT YOUR COMPETENCIES (KNOWLEDGE, SKILLS, ABILITIES AND WORK BEHAVIORS), WHICH DEMONSTRATE YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING.
- PROVIDE ONLY THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER.
- THIS PAGE WILL BE REMOVED PRIOR TO SCREENING AND PROCESSING THE APPLICATION DUE TO THE CONFIDENTIALITY OF THE EQUAL OPPORTUNITY INFORMATION.
- CHECK FOR ACCURACY, SIGN AND DATE YOUR APPLICATION.

THANK YOU FOR YOUR INTEREST IN ROWAN COUNTY GOVERNMENT. ROWAN COUNTY WANTS TO FIND THE BEST QUALIFIED PEOPLE AVAILABLE TO SERVE ITS CITIZENS. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.

RC 107 (REV. 02/2007)

Equal Opportunity Information

Rowan County Government policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. Sex, age or absence of disability is a bona fide occupational qualification in a small number of County jobs. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.

Date of Birth

(Month) (Day) (Year)

Gender

☐ Male

☐ Female

DISABILITY: "Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment" (Americans with Disabilities Act of 1990). Persons without a disability should check item A. The reporting of a **disability is strictly VOLUNTARY**. Persons with disabilities who **DO NOT WISH** to report their disabilities should check item A. Information reported on this form will be kept confidential as required by State law. Public disclosure of this information without your consent would be a violation of G.S. 126-27.

ETHNIC GROUP

- ☐ White (non-Hispanic)
- ☐ Black (non-Hispanic)
- ☐ Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)
- ☐ Asian (including Pacific Islander)
- ☐ American Indian (including Alaskan native)

A ☐ None/Prefer not to report

B ☐ Blind or severely visually impaired

C ☐ Deaf or severely hearing impaired

D ☐ Loss of limited use of arms and/or hands

E ☐ Non-ambulatory (must use wheelchair)

F ☐ Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, Spina Bifida, etc.)

G ☐ Respiratory impairment

H ☐ Nervous system/Neurological disorder

I ☐ Mentally restored

J ☐ Mental retardation

K ☐ Learning disability

L ☐ Others (heart disease, diabetes, speech impairment)

M ☐ Other (please specify)

1. _____

2. _____

3. _____

APPLICATION FOR EMPLOYMENT			Rowan County	Date of Application	
Last 4 Digits of Social Security No.		Last Name	First Name	Middle Name	
Address (Street number and name)			City	County	
State	Zip Code	Phone (Home)l	Phone (Cell)l	Business Phone	
Availability Do you now work for Rowan County? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you related by blood or marriage to any person now working for Rowan County If yes, give name, relationship to you and the department where employed. <input type="checkbox"/> YES <input type="checkbox"/> NO		If subject to Military Selective Service registration, certify compliance by initialing. _____	
Military Service Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you wish to declare a service-connected disability? <input type="checkbox"/> YES <input type="checkbox"/> NO At the time of this application, are you the surviving spouse or dependent of a deceased veteran who died from service-related reasons? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you wish to declare eligibility for veteran's preference as the spouse of a disabled veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO Give dates of your (or spouse's) qualifying active military service: Entered: _____ Separated: _____ Branch: _____ Rank: _____ Are you a member of the Military Reserves? <input type="checkbox"/> YES <input type="checkbox"/> NO Branch: _____ Rank: _____					
CHECK the types of work you will accept: <input type="checkbox"/> 1. Regular full-time <input type="checkbox"/> 2. Regular part-time <input type="checkbox"/> 3. Temporary full-time <input type="checkbox"/> 4. Temporary part-time <input type="checkbox"/> 5. Any of the preceding <input type="checkbox"/> 6. Work involving Travel <input type="checkbox"/> 7. Shift or Split Shift Work If you are not available for work now, enter the earliest date you could begin work (mo/day/yr.) _____					
Jobs Applied For Enter below the specific title(s) of the job(s) for which you are applying. Please list no more than six on this application. 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____					
Referral Source Please indicate your referral source: _____ If you were referred by the Employment Security Commission (Job Service) please indicate which local office: _____					
Education Mark highest grade completed: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> College <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Graduate School <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10 11 12 GED 1 2 3 4 1 2 3 4 Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.					
Schools	Name and Location	Grad?	S/Q Hrs.	Major/Minor Course Work	Type of Degree Received
High School		YES <input type="checkbox"/> NO <input type="checkbox"/>			
College(s) University (s)		YES <input type="checkbox"/> NO <input type="checkbox"/>			
Graduate or Professional		YES <input type="checkbox"/> NO <input type="checkbox"/>			
Other educational, vocational school, internships, etc.		YES <input type="checkbox"/> NO <input type="checkbox"/>			
Special training programs and seminars you have completed in the last five years (list):					
If the job(s) applied for calls for specific courses, indicate those courses taken and credits received:					
Current professional status: (List fields of work for which you have been registered) Registration: _____ State: _____ No. _____ Registration: _____ State: _____ No. _____					
Membership in professional, honorary, or technical societies (list):					
Licenses and certifications (List, giving dates and sources of issuance):					

SKILLS - Check the following skills, experiences, etc., which you have:

- | | | | |
|--|--------------------------|---|--|
| <input type="checkbox"/> Driver's License | Number _____ State _____ | <input type="checkbox"/> Sign Language | <input type="checkbox"/> Legal transcription |
| <input type="checkbox"/> Chauffeur's License | Number _____ State _____ | <input type="checkbox"/> Foreign language (specify) _____ | <input type="checkbox"/> Medical transcription |
| <input type="checkbox"/> Car for use at work | | <input type="checkbox"/> Adding Machine/calculator | <input type="checkbox"/> Braille |
| | | <input type="checkbox"/> Typing (specify WPM) _____ | <input type="checkbox"/> Word Processing |
| | | <input type="checkbox"/> Shorthand/speedwriting (specify WPM) _____ | <input type="checkbox"/> Other _____ |

REFERENCES

Name:	Phone Number:
Relationship:	Address:
Name:	Phone Number:
Relationship:	Address:
Name:	Phone Number:
Relationship:	Address:

WORK HISTORY (include volunteer experience) Use additional sheets if necessary. As you describe your work history experiences, make sure you highlight your competencies which demonstrate your qualifications for the position for which you are applying.

Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ _____ per _____	Ending or Current Salary \$ _____ per _____	Reason for Leaving	
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job (continue on extra sheet if needed):			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked per week:				
Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ _____ per _____	Ending or Current Salary \$ _____ per _____	Reason for Leaving	
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job (continue on extra sheet if needed):			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked per week:				

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1.)

Signature of Applicant (unsigned applications will not be processed)_____
Date

WORK HISTORY (Use as many sheets as necessary)

Employer:			Address:		
Job Title:			Supervisor's Name	Telephone Number	No. Supervised by you:
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Part Time Years Months					
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Full Time Years Months					
Part Time Years Months					
If part time, number of hours worked per week:					
<p>I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1.)</p>					
Signature of Applicant (unsigned applications will not be processed)					Date